

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Allan Green et al.

Serial No. : 09/981,124 Examiner: E. McElwain

Filed : October 17, 2001 Group Art Unit: 1638

For : FATTY ACID EPOXYGENASE GENES FROM PLANTS AND USES THEREFOR
IN MODIFYING FATTY ACID METABOLISM

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 17, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	21 -	* 25 =	*** 0 X	\$25	\$50	=	0
Independent Claims	2 -	** 4 =	*** 0 X	\$105	\$210	=	0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <input checked="" type="checkbox"/> No				\$185	\$370	=	0
				TOTAL ADDITIONAL FEE			\$ 0

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No

and a fee of \$ 180.00 included)

A Petition for an Extension of Time, including a fee of
\$ 1,050.00 for a Petition for 3 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 1,230.00

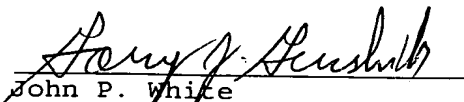
A check in the amount of \$ 1,230.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. \$1.17

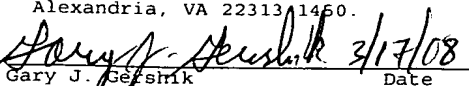
Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.


Gary J. Gershik
Reg. No. 39,992

Date